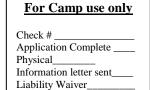


APPLICATION 2011 South Dakota Military Teen Camp

(In conjunction with the 4H Teen Leadership Camp)

SDSU Campus Brookings, SD

June 6-10, 2011 (ages 14 - 17)







Must be completed and submitted by April 30, 2011 (PLEASE TYPE OR PRINT)

TEEN NAME:	Nickname
Address:	City:
State:Zip:	E-mail Address:
Home Phone: ()	Age (as of June 1 st)
Date of Birth:	
Γ-shirt size (adult): S M	L XL XXL (circle) First time Guard camper: Yes No (circle)
PARENT(S) GUARDIAN	NAME:
Phone #: Daytime: ()	Evening: ()
Cell #: ()	E-mail:
M:1:40 Morel on T	ation:
viiitary Member informa	
·	Rank: Currently Deployed: Yes No
Name:Branch/Unit:	Relationship to camper:
Name:Branch/Unit:	Relationship to camper:
Name:	Relationship to camper:
Teen Camp: June 6-16 Must be a child/grandchild Your return packet is due A 1. Application: Please 2. Registration Fee: \$6 - Recommend bringing money would be for a child/grandchild. 3. Mail to: SD Military	Relationship to camper:

(Child's name)

South Dakota Military Teen Camp.

Guard Family Program and/or Youth Program and contract employees, Operation Military Kids, 4H, the State of South Dakota, or the United States of America, for any causes which may arise in connection with the participation of the below named child in the

Additional Application Information requested for TLC



County			DTLEAD!
Are you currently enrolled in 4-H?YesNo			
If you answered no, please complete the following:			
I hereby grant to SDSU College of Ag/Bio Sciences the non-exclusive and irrevoca electronic and projection for educational and promotional purposes. I release SDSI rights, residuals or damages for libel, slander, invasion of privacy, or any claim bas	J College of Ag/Bio Sciences fro		
I do NOT permit pictures of my child to be used for any purpose.			
Health Information List any significant health conditions (diabetes, asthma, etc.) List any significant allergies to drugs:			
Other significant allergies:			
Are immunizations current:YesNo Date of last tetanus shot//	_		
Health and Accident Insurance Information Company Name: Policy #			
Emergency Contact Phone			
I understand that first aid will be available at the event, that my child will be supervised care will be given. I further understand that in case of serious illness or injury I will be	d closely, and that if a serious ill	ness or injury develops,	medical and/or hospital
South Dakota 4-H operates under a no tolerance policy for alcohol and any other cont available at all County Extension Offices. My initial here indicates my support of the in the appropriate and logical consequences for my child's actions during TLC.	dividuals in charge of maintaining		
Roommate Preference: Name			
I am a graduating senior.			
Yes, I am interested in competing for the Mr./Ms.	TLC scholarship.		
I would like more information about joining the So	uth Dakota 4-H You	th Council.	
Bus Transportation			
Transportation is available for military teens located on be sent to those reserving a seat.	the western side of	the state. A b	us itinerary will
Please reserve a seat for me on the bus. I prefer	to board at:		
	Spearfish	Sturgis _	Rapid City
	Wall	Nadoka _	vivien
I ishility Agreement			

I release Teen Leadership Conference, South Dakota State University and its employees, volunteers and TLC Staff from any and all claims of liability arising from injury, death, or property damage as a result of participation in the activities provided by the South Dakota National Guard, ROTC, 4-H Shooting Sports, or any other workshop my child participates in. My signature indicates that I have read this form.

Parent/Guardian Signature	Date